

Sandia National Laboratories
Office of Small Business Advocacy - Mentor/ Protégé Program
PROTÉGÉ APPLICATION FORM

Protégé Information:

- ❑ Applicant Company Name:

- ❑ Protégé Primary Contact: (must be business owner, partner, etc):

- ❑ Address: _____
City _____ State _____

- ❑ Phone: _____ Fax: _____ Email: _____
- ❑ Web Address: _____ E-commerce Capable: _____ Y/N
- ❑ Number of Employees: _____ Year Established _____

- ❑ Type of Business:
____ Sole Proprietorship
____ LLC
____ Partnership
____ Sub chapter S Corporation
____ Corporation

- ❑ Certifications
____ Small Disadvantaged Business
____ 8(a)
____ Woman Owned Business
____ Small Business (under 500 employees)
____ Minority Owned Business
____ Other

- ❑ Describe the **current** competencies and capabilities of your company

- ❑ Requested area(s) of assistance:
(**Select three** number 1-3, with 1 being highest priority, 3 being lowest)

Business Assistance:

- RFP Development_____
- General Business Management_____
- Understanding Government Entities _____
- Understanding Commercial Entities _____
- Marketing/Building Awareness_____
- Quality Management/Control_____
- Market Analysis_____
- Market Development/Diversification_____
- Bonding & Insurance_____

If not listed, please describe your requested area of assistance

Technical Assistance (Describe area)

- ❑ Level of Commitment: Time you are willing to dedicate to the program?
Hours per week: _____
Prefer AM or PM meetings _____

- ❑ **Describe the level of effort you and others in your company are willing to dedicate to the Mentor/Protégé Program:** (how many people, level of priority, what resources you are willing to commit, etc)

- What are some of your business goals for the next:
Year

5 years

- Describe how the Mentor/Protégé Program could assist you in achieving your stated goals?

Please complete this form by signing and dating below, if not emailing this form, please fax it to: 505-284-9551 (Attn: Gail Gordon-Smith)

Signature of Applicant:

Date:
